\$EPA		HAZARDOUS WAS		TE G	SION SITE	NUMBER		
File this form in the regional Ha System; Hazardous Waste Enforc	zardous Waste Lo cement Task For	og File and submit ce (EN-335); 401 N	a copy to: U. 1 St., SW; Wasi	S. Environ	mental Pro C 20460.	tection A	gency; Site	Tracking
A. SITE NAME Hannah Inland	Waterway	I. SITE IDENTI	B. STREET					
Lemont	warer was	D. STATE E. ZIP CODE						
Indicate the recommended action	(s) and agency(i	II. TENTATIVE		arking 'X'	in the appr	ropriate bo	xes.	
	COMMENDATION					ACTION	AGENCY	
A. NO ACTION NEEDED NO HAZ	ZARD			MARK'X'	EPA	STATE	LOCAL	PRIVATE
B. INVESTIGATIVE ACTION(S) NE	EDED (II yes, com	nplete Section III•)						
C. REMEDIAL ACTION NEEDED (II		X			X			
ENFORCEMENT ACTION NEEDED (if yes, specify in Part E whether the case will be primarily managed by the EPA or the State and what type of enforcement action E. RATIONALE FOR DISPOSITION And as landlord a liquiring complete cleaner with the case will be primarily managed by the EPA or the State and what type of enforcement action And as landlord a liquiring complete cleaner when the case will be primarily managed by the EPA or the State and what type of enforcement action And as landlord a liquiring closure of the case will be primarily managed by the EPA or the State and what type of enforcement action And as landlord as liquiring closure of the case will be primarily managed by the EPA or the State and what type of enforcement action And As landlord as liquiring closure of the case will be primarily managed by the EPA or the State and what type of enforcement action And As landlord as liquiring closure of the complete clo								
E. RATIONALE FOR DISPOSITION Metropal	itan	Sanitar	ry Du	stril	et a	WW.	Play	rety
and as lan	idloid h	a reg	ille n	gu	lTT (Y	ILEAL	CKE	rup
ly Harina	4 C							
F. INDICATE THE ESTIMATED DA (mo., day, & yr.)	TE OF FINAL DIS	POSITION	G. IF A CASE ESTIMATE (mo., day, &	D DATE ON	WENT PLAN	N IS NECE: IE PLAN W	SSARY, IND	CATE THE
1. NAME PHYLLIS		2. TELEPHOI 886-	NE NUMBER 622.		3. DATE (mo., day, & yr.) 4-28-80			
A. IDENTIFY ADDITIONAL INFORM		INVESTIGATIVE A						
8. PROPOSED INVESTIGATIVE AC	TIVITY (Detailed	Information)						
1. METHOD FOR OBTAINING NEEDED ADDITIONAL INFO.	2. SCHEDULED DATE OF ACTION (mo,day, & yr)	3. TO BE PERFORMED BY (EPA, Con- tractor, State, etc.)	4. ESTIMATED MANHOURS	5. REMARKS				· · · · · · · · · · · · · · · · · · ·
a. TYPE OF SITE INSPECTION								
(2)					. -			
b. TYPE OF MONITORING				 				
		 	<u> </u>	ED	A Region 5 F	Records Ctr		
(2)				Er,				
C. TYPE OF SAMPLING] }	3111	27 — —		
(2)								

	I. INVESTIGATIV	E ACTIVIT	Y NEEDED	ond PART	B-PRO	POSED INVE	STIGATIV	E ACTIV	ITY (Continued)	
d. TYPE OF L	AB ANALYSIS									
		-			+ -	-	' -		 :	
(2)					1.	1				
e. OTHER (spe	ecily)									
		-			 	-				
(2)	E ON ANY OF THE	INFORMATIO	ON PROVIDE	LIN DADT	 		NEEDED 3	EO IDENTI	EV ADDITIONAL	
INVESTIGAT	TIVE WORK.	INFORMATI	ON PROVIDE	JIN PARI	в (он не	n. & abcve) AS	NEEDED	IOIDENTI	FT ADDITIONAL	
		<u>-</u>								
D. ESTIMATED	MANHOURS BY AC		CY . TOTAL ESTI	MATED	7				2. TOTAL ESTIMATED	
1. ACTION AGENCY			MANHOURS FOR INVESTIGATIVE ACTIVITIES			1. ACTION AGENCY			MANHOURS FOR INVESTIGATIVE ACTIVITIES	
a. EPA					b. STATE				,	
c. EPA CONTRACTOR			·	d. OTHER (specify)						
			T17	BEHEDI	AL ACT	TONE				
				. REMEDI			<u>.</u>			
A. SHORT TERM	M/EMERGENCY ST , provide alternate v	RATEGY (Or water supply,	site & Off-Si etc. See inst	te): List al ructions for	ll emerge r a list of	ncy actions nee Key Words for	ded to brin each of the	g site unde actions to	r immediate control, e.g., re- be used in the space below.	
<u> </u>		2. EST. START	3. EST. END	4. ACTION A				6. SPECI	FY 311 OR OTHER ACTION;	
1. AC	1. ACTION		DATE (mo,day,&yr)	(EPA, S	tate,	5. ESTIMATED COST		INDICATE THE MAGNITUDE OF THE WORK REQUIRED		
						\$				
						\$		 		
			-			\$				
				ļ		\$				
						\$				
		<u> </u>				\$				
	STRATEGY (On Si							ound water	monitoring wells, etc.	
		2. EST.	3. EST.	4.						
1. ACTION D		START DATE	END ACTION A DATE (EPA, S (mo,day,&yr) Private		tate 5. ESTIMATED COST		6. SPECIFY 311 OR OTHER ACTION; INDICATE THE MAGNITUDE OF THE WORK REQUIRED			
		(mo,uuy,qy)	/(mo,uay,ay)	Firece	· vary	\$		<u> </u>	TE WORK REGOINED	
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						\$				
C. ESTIMATED	MANHOURS AND C	OST BY AC	TION AGENCY	L		1		1		
	2. TOTAL EST. MANHOURS FOR REMEDIAL			7			2. TOTA	L EST.	2 TOTAL FET COST	
1. ACTION AGENCY	REMEDIAL ACTIVITIES	REMEDIA	TAL EST. COST FOR DIAL ACTIVITIES 1. A		ACTION	CTION AGENCY 2. TOTAL EST. MANHOURS FOR REMEDIAL ACTIVITIES			3. TOTAL EST. COST FOR REMEDIAL ACTIVITIES	
a. EPA				b. sT						
C. PRIVATE				d. 0T	HER (sp	ecify)				